

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033527

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8773

STATE FILE NUMBER

FILED SEP 6 1963

I. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois b. COUNTY

c. CITY OR TOWN Alton

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BARNES HOSPITAL

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

1433 Cyrus Street

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

ELINOR

J.

CONNORS

4. DATE OF DEATH

Month

Day

Year

August

25

1963

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married

Widowed ☒ Never Married ☐ Divorced ☐

8. DATE OF BIRTH

11-16-1922

9. AGE (last birthday)

40

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Baton Rouge, Louisiana

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Hynes Miller

13b. MOTHER'S MAIDEN NAME

Mary Miles

14. NAME OF HUSBAND OR WIFE

George Connors

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

George Connors

Address

1433 Cyrus St.

Alton,

Ill.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Massive hemorrhagic colitis

INTERVAL BETWEEN ONSET AND DEATH

8-10 Hrs.

DUE TO (b)

Post-necrotic cirrhosis of liver

Years

DUE TO (c)

581.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/21/63 to 8/25/63 and last saw her alive on 8/25/63

Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

8/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8-29-63

23c. NAME OF CEMETERY OR CREMATORY

Upper Alton

23d. LOCATION (City, town, or county)

Alton, Illinois

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

AUG 30 1963

26. REGISTRAR'S SIGNATURE

Lois Smith, M.D.

Russell Funeral Home

1924 Central Aven.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

1

2 8/20

3

4 3

5 1

6

7 1

8 1

9

10

11

12 52-0

13

52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Not embalmed Robert Smith

Licensed Embalmer No. Removal without embalming

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.